

BEST AVAILABLE COPY

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) D  
(CALCULATION SHEET)

APPLICATION NUMBER: 09751349

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee
	Sm./Lg.				Sm. Entity	Lg. Enti
Basic Filing Fee	<u>201/101</u>				<u>355</u>	
Total Claims >20	<u>203/103</u>	<u>      </u>	-20 =	<u>      </u>	X	
Independent Claims >3	<u>202/102</u>	<u>      </u>	-3 =	<u>      </u>	X	
Mult. Dep Claim Present	<u>204/104</u>					
Surcharge	<u>205/105</u>				<u>6.5</u>	
English Translation	<u>139</u>					

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 420

Less Filing Fees Submitted - \$       

BALANCE DUE = \$ 420